

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

To Commissioner For Patents

Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

Applicant Number	09/461,984
Filing Date	December 15, 1999
First Named Inventor	Jin Lu
Group Art Unit	2136
Examiner Name	Brandon S. Hoffman
Attorney Docket Number	A 23,890

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 148.)

1. Submission required under 37 C.F.R. § 1.114a. Previously submittedi. Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on January 31, 2005
Any unentered amendment(s) referred to above will be entered.

MAR 11 2005

ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____iii. Other _____b. Enclosedi. Preliminary Amendmentii. Affidavit(s)/Declaration(s)iii. Information Disclosure Statement (IDS)iv. Other _____ (may not be a brief)RECEIVED
CENTRAL FAX CENTER**2. Miscellaneous**a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i))b. Other _____**3. Fees**e. The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print Type)	Daniel J. Plotrowski	Registration No. (Attorney/Agent)	42,079
Signature			
	Date	3/11/05	

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Mail Stop RCE, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office telephone number 703-872-9301 on the date below.

Name (Print Type)	Edna Chapa
Signature	
Date	03/11/2005
SHARPN	002200001
41270	09461984

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

09/461984

CLAIMS AS FILED - PART I

		(Column 1)	(Column 2)
TOTAL CLAIMS			
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	17 minus 20 =		
INDEPENDENT CLAIMS	4 minus 3 =	1	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	18 Minus	17 = 0
		Independent	5 Minus	4 = 1
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

2/2/05

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	23 Minus	20 = 3
		Independent	5 Minus	3 = 0
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL		OR TOTAL	

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	86
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	86

		RATE	ADDITIONAL FEE
AMENDMENT B		XS 9=	XS18=
		X43=	X86=
		+145=	+290=
		TOTAL ADDIT. FEE	TOTAL ADDIT. FEE

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	23 Minus	23 = 0
		Independent	5 Minus	5 = 0
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

		RATE	ADDITIONAL FEE
AMENDMENT C		XS 9=	XS18=
		X43=	X86=
		+145=	+290=
		TOTAL ADDIT. FEE	TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "1".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.